

**MAINE DEPARTMENT OF CORRECTIONS
EMERGENCY OBSERVATION STATUS PLACEMENT**

SECTION A: Placement

At 1250 hours on 3-4-2014 I have ordered the placement of prisoner

Condon, J. MDOC # 2425 Housing Unit Close

on emergency observation status, based on one or more of the following criteria:

#		Reason for Placement
1	<input type="checkbox"/>	The prisoner may constitute an escape risk if in a less restrictive status
2	<input checked="" type="checkbox"/>	The prisoner may pose a threat to the safety of others if in a less restrictive status
3	<input type="checkbox"/>	The prisoner may pose a threat to his/her own safety if in a less restrictive status
4	<input type="checkbox"/>	There may be a threat to the safety of the prisoner if in a less restrictive status

The factual basis for placement is: (include specifics such as date, time and place of any incident)

Prisoner placed on EOS pending IPS investigation due to reports from staff.

Dated: 3-4-14

Sgt. Cox
Staff Ordering Placement

U.M. Mendez
Shift Commander, Unit Manager, Deputy Chief
Administrative Officer or Chief Administrative
Officer

☒ Incident report completed in CORIS

☐ Rationale for placement read to prisoner and prisoner received a copy of this notice on:

3/5/14 at 1300 by [Signature]
Date Time Staff providing notice

REVIEW OF EMERGENCY OBSERVATION STATUS (TO BE DONE WITHIN 72 HOURS OF PLACEMENT)

- ☐ REMOVE FROM EMERGENCY OBSERVATION STATUS
☐ RETAIN ON EMERGENCY OBSERVATION STATUS PENDING REVIEW BY UNIT TEAM

Rationale: _____

Date & Time _____

PROVIDED TO
ZEPHYRHILLS C.I.
ON 8/7/17
FOR MAILING

Unit Manager, Shift Commander,
Deputy Chief Administrative Officer
or Chief Administrative Officer

IF PRISONER IS RETAINED ON EMERGENCY OBSERVATION STATUS, PLEASE COMPLETE SECTION B OF THIS FORM

EMERGENCY OBSERVATION STATUS PLACEMENT FORM

DOC FORM

A - 15.1 - A - A - 8/19/11

Page 1 of 2

Distribution: Copies to: Prisoner, Shift Commander, Housing Unit's Emergency Observation Status Binder, SMU Unit Manager, if applicable
Original (with original Preliminary Individualized Plan) to: Unit Manager

**MAINE DEPARTMENT OF CORRECTIONS
EMERGENCY OBSERVATION STATUS REVIEW MINUTES**

Members: Sgt Cox Date: 3-6-2014
CCW Louden Place: SMU
Officer Gordon
 Prisoner: CONDON, J. MDOC #: 2425

I. Reason(s) and Factual Basis for Placement (from Emergency Observation Status Placement form) and any additional information received since placement:

PRISONER PLACED ON EOS PENDING IPS INVESTIGATION DUE TO REPORTS FROM STAFF

Prisoner in attendance at review? ☒ Yes ☐ No If not, reason: _____

II. Prisoner's Statement

PRISONER STATES HE IS NOT AWARE OF HIS REASON FOR BEING ON EOS STATUS.

☐ Attachment(s), specify: _____

III. Unit Management Team's Decision and its Reason(s)

- ☐ Remove from Emergency Observation Status
☒ Retain on Emergency Observation Status (up to 72 hours from time of placement on emergency observation status)
☐ Recommend Placement on Administrative Segregation Status

Reason(s): <u>PENDING IPS INVESTIGATION</u>

☐ Individualized Plan attached.

IV. ☒ Prisoner informed of decision and its basis and received a copy of this review form on
3-6-2014 at 0912
 Date: _____ Time: _____

V. If Unit Management Team recommends placement on administrative segregation status, Chief Administrative Officer's, or Designee's Review

- ☐ Remove from emergency observation status
☐ Recommend to Commissioner, or designee, placement on administrative segregation status

Commissioner's, or designee's, Decision ☐ Placement Approved ☐ Placement Denied

Date _____

Signature _____

EMERGENCY OBSERVATION STATUS REVIEW MINUTES

DOC FORM

A-15.1-A-C- 8/19/11

Distribution: Copies to: Prisoner, Shift Commander, Housing Unit's Emergency Observation Status binder, SMU Unit Manager, if applicable
 Original: Unit Manager

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**MAINE DEPARTMENT OF CORRECTIONS
EMERGENCY OBSERVATION STATUS REVIEW MINUTES**

Members: CCTW BureauDate: 3/8/14Off GrantPlace: closePrisoner: CondonMDOC #: 2425

I. Reason(s) and Factual Basis for Placement (from Emergency Observation Status Placement form) and any additional information received since placement:

<u>Offender was placed on Eas for pending investigation</u>

Prisoner in attendance at review? ☒ Yes ☐ No If not, reason: _____

II. Prisoner's Statement

<u>I don't intend to harm any staff or inmates.</u>

☐ Attachment(s), specify: _____

III. Unit Management Team's Decision and its Reason(s)

- ☐ Remove from Emergency Observation Status
☐ Retain on Emergency Observation Status (up to 72 hours from time of placement on emergency observation status)
☒ Recommend Placement on Administrative Segregation Status

Reason(s):

<u>Offender is a danger to other inmates and staff based on report</u>
--

☐ Individualized Plan attached: _____

IV. ☒ Prisoner informed of decision and its basis and received a copy of this review form on
3/8/14 at _____
 Date Time

V. If Unit Management Team recommends placement on administrative segregation status, Chief Administrative Officer's, or Designee's Review

- ☐ Remove from emergency observation status
☐ Recommend to Commissioner, or designee, placement on administrative segregation status

Commissioner's, or designee's, Decision ☐ Placement Approved ☐ Placement Denied

Date _____

Signature _____

EMERGENCY OBSERVATION STATUS REVIEW MINUTES

DOC FORM

A-15.1-A-C- 8/19/11

Distribution: Copies to: Prisoner, Shift Commander, Housing Unit's Emergency Observation Status binder, SMU Unit Manager, if applicable
 Original: Unit Manager

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MAINE DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES

Members: UM Harris	Date: 3/10/14
CO Dolbier	Place: SMU

Prisoner: Condon, J	MDOC: 2425
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- I. Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review Minutes and Administrative Segregation Status Placement form) and any additional information received since placement: offender was placed on EOS status pending further investigation by IPS.

Initial

RECEIVED

3-17-14

Prisoner in attendance at review? ☒ Yes ☐ No If not, reason: _____

II. Prisoner's Statement

Prisoner states he has no intention on killing any staff. Prisoner swears on his life he has no intention to harm staff or prisoners. Prisoner said it could still go either way 50/50.

☐ Attachment(s) (specify): _____

III. Unit Management Team's Decision and its Reason(s)

- ☐ Remove from administrative segregation status
☒ Retain on administrative segregation status

Reason(s):

Prisoner threaten to kill Unit Manager.

☐ Individualized Plan attached

IV. ☒ Prisoner informed of decision and its basis and received a copy of this review form on

3/10/14	at
Date	Time

V. Prisoner informed of his/her right to appeal: ☐ Waived right ☐ Did not waive right

Signature of Prisoner _____ Date _____

If prisoner does not waive his/her right to appeal, note receipt by prisoner of this form and of appeal form.

Signature of Staff  Date 3-10-14

VI. Chief Administrative Officer's or Designee's Review

- ☐ Remove from administrative segregation status
☒ Retain on administrative segregation status

Signature  Date 3-17-14

**MAINE DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES**

Members: UM Allen, D
Officer Tarchetta

Date: 3-20-14

Place: SMU

Prisoner: Condon, J MDOC: 2425

Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review Minutes and Administrative Segregation Status Placement form) and any additional information received since placement:

IPS investigation.

Prisoner in attendance at review? ☒ Yes ☐ No - If not, reason: _____

II. Prisoner's Statement

Prisoner states he has no intention of hurting another prisoner or staff.

☐ Attachment(s) (specify): _____

III. Unit Management Team's Decision and its Reason(s)

- ☐ Remove from administrative segregation status
☒ Retain on administrative segregation status

Reason(s):
Pending information from IPS investigation

☐ Individualized Plan attached

IV. ☒ Prisoner informed of decision and its basis and received a copy of this review form on _____ at _____

V. Prisoner Informed of his/her right to appeal: ☒ Waived right ☐ Did not waive right

Signature of Prisoner John Condon Date 3-20-14

If prisoner does not waive his/her right to appeal, note receipt by prisoner of this form and of appeal form.

Signature of Staff _____ Date _____

VI. Chief Administrative Officer's or Designee's Review

- ☐ Remove from administrative segregation status
☒ Retain on administrative segregation status

Signature _____
ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES

Date 3/21/14
DOC FORM

A-15.1-C-E-8/19/11R

Distribution: Copies to: Prisoner, Classification, Caseworker, Prisoner's file
Original to: Unit Manager

**MAINE DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES**

Members: Sgt. M Burns
CO - Staples

Date: 3-27-14
Place: SMU

Prisoner: Condon, J. MDOC: 2425

- i. Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review Minutes and Administrative Segregation Status Placement form) and any additional information received since placement:

IPS - investigation.

Prisoner in attendance at review? ☒ Yes ☐ No If not, reason: _____

ii. Prisoner's Statement

WOULD LIKE TO GO TO POPULATION - EVEN C-POD

☐ Attachment(s) (specify): _____

iii. Unit Management Team's Decision and Its Reason(s)

- ☒ Remove from administrative segregation status
☐ Retain on administrative segregation status

Reason(s): HAS NOT BEEN AN ISSUE IN THE SMU.
WOULD RATHER BE LOCKED DOWN IN POPULATION.
SMU COULD USE THE CELL HE IS IN.

☐ Individualized Plan attached

- iv. ☒ Prisoner informed of decision and its basis and received a copy of this review form on
3-27-14 at 0845
Date Time

- v. Prisoner Informed of his/her right to appeal: ☒ Waived right ☐ Did not waive right

Signature of Prisoner J. Condon Date 3-27-14

If prisoner does not waive his/her right to appeal, note receipt by prisoner of this form and of appeal form.

Signature of Staff Sgt. Burns Date 3/27/14

vi. Chief Administrative Officer's or Designee's Review

- ☐ Remove from administrative segregation status
☒ Retain on administrative segregation status

Signature [Signature]

Date 3-27-14
DOC FORM

ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES

Distribution: Copies to: Prisoner, Classification, Caseworker, Prisoner's file
Original to: Unit Manager

A-15.1-C-E-8/19/11R

MAINE DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES

Members: Sgt Burns
Off Benner
Det Barter
Prisoner: Cordon J

Date: 4-1-14
Place: SMU

MDOC: 2425

- I. Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review Minutes and Administrative Segregation Status Placement form) and any additional information received since placement:

4-1-14
IPS investigation

Prisoner in attendance at review? ☒ Yes ☐ No If not, reason: _____

II. Prisoner's Statement

Would like to go to GP. "I'm not the same inmate I used to be." I'm 66 years old and want to find an older group in population, and due my time.

III. Unit Management Team's Decision and its Reason(s)

- ☐ Remove from administrative segregation status
☒ Retain on administrative segregation status

Reason(s): UNTIL THE ADMINISTRATION WILL RELEASE
I BELIEVE CORDON CAME HERE AND HAD A CULTURE SHOCK
30 YEARS IN THE FEDS DID NOT PREPARE HIM FOR MSP. GP WOULD DO BETTER.

☐ Individualized Plan attached

IV. ☒ Prisoner informed of decision and its basis and received a copy of this review form on

Date 4-1-14 at 6:30

V. Prisoner informed of his/her right to appeal: ☒ Waived right ☐ Did not waive right

Signature of Prisoner [Signature] Date 4-1-14

If prisoner does not waive his/her right to appeal, note receipt by prisoner of this form and of appeal form.

Signature of Staff Michael Burns Date 4-1-14

VI. Chief Administrative Officer's or Designee's Review

- ☐ Remove from administrative segregation status
☒ Retain on administrative segregation status

Signature [Signature] Date 4-1-14

ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES - DOC FORM

Distribution: Copies to: Prisoner, Classification, Caseworker, Prisoner's file
Original to: Unit Manager

A-15.1-C-E-8/19/11R

**MAINE DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES**

Members: SGT. Leonard
Off. Libenby

Date: 4/14/14
Place: SMU

Prisoner: Condon, J MDOC: 2425

I. Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review Minutes and Administrative Segregation Status Placement form) and any additional information received since placement:

5th
review

Ongoing investigation.

Prisoner in attendance at review? ☒ Yes ☐ No If not, reason: _____

II. Prisoner's Statement

Would like to go to C-Pod close and be locked in there instead of B-wing.

☐ Attachment(s) (specify): _____

III. Unit Management Team's Decision and its Reason(s)

- ☐ Remove from administrative segregation status
☒ Retain on administrative segregation status

Reason(s):
Prisoner asked to go on administrative Control Pod.

☐ Individualized Plan attached

IV. ☐ Prisoner informed of decision and its basis and received a copy of this review form on _____ at _____

V. Prisoner informed of his/her right to appeal ☐ Waived right ☒ Did not waive right

Signature of Prisoner [Signature] Date _____

If prisoner does not waive his/her right to appeal, note receipt by prisoner of this form and of appeal form.

Signature of Staff SGT. Leonard Date 4/14/14

VI. Chief Administrative Officer's or Designee's Review

- ☐ Remove from administrative segregation status
☒ Retain on administrative segregation status

Signature [Signature] Date 4-15-14

ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES - DOC FORM

Distribution: Copies to: Prisoner, Classification, Caseworker, Prisoner's file
Original to: Unit Manager

A-15.1-C-E-8/19/11R

4/15/14

EXHIBIT D

Rec'd:
4/15/14
cl

Mr. Condon:

My Office didn't intercept a money order made out to you by anybody.

I don't know what is the problem with your money order, maybe it is because you stated that came either from one or other (Ms. Burr or Ms. Tansino).

I am not aware of any pending Investigations that your are involved either

Lt. Lidia Burnham

WITNESSED BY:
OFFICER
ANTKOWSKI
smc

(LT. BURNHAM IS HEAD of "I.P.S.")

MAINE DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES

Members: U.M. AllenDate: 4-17-14Off CharltonPlace: SMUDeb BarkerPrisoner: Condon, JMDOC: 2425

Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review Minutes and Administrative Segregation Status Placement form) and any additional information received since placement:

6th review

IPS investigation.

Threats against UM Harris

Prisoner in attendance at review? ☒ Yes ☐ No If not, reason: _____

II. Prisoner's Statement

Prisoner doesn't intend to harm UM HARRIS
Prisoner wants to talk to with CAO to confront the
☐ Attachment(s) (specify): Evidence against him.

III. Unit Management Team's Decision and its Reason(s)

- ☐ Remove from administrative segregation status
☒ Retain on administrative segregation status

Reason(s): Penalizing possible placements on
administrative controls.

☐ Individualized Plan attached

IV. ☒ Prisoner informed of decision and its basis and received a copy of this review form on
4-17-14 at 1455 hrs
 Date Time

V. Prisoner informed of his/her right to appeal: ☐ Waived right ☒ Did not waive right

Signature of Prisoner [Signature] Date 4-17-14

If prisoner does not waive his/her right to appeal, note receipt by prisoner of this form and of appeal form.

Signature of Staff [Signature] Date 4-17-14

VI. Chief Administrative Officer's or Designee's Review

- ☐ Remove from administrative segregation status
☒ Retain on administrative segregation status

Signature [Signature]Date 4/22/14

ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES
 Distribution: Copies to: Prisoner, Classification, Caseworker, Prisoner's file
 Original to: Unit Manager

DOC FORM

A - 15.1 - C - E - 8/19/11R

Rec'd
4-18-14MAINE DEPARTMENT OF CORRECTIONS
PRISONER APPEAL OF SPECIAL MANAGEMENT STATUSDate April 17, 14 Prisoner Name John CondonMDOC # 2425

TO: Chief Administrative Officer, or designee

On 4/17/14, the following review took place.

SPECIAL MANAGEMENT STATUS

- ☒ Review of Administrative Segregation status
- ☐ Review of Protective Custody status

Concur with
Unit Manager's Recommendation
to retain on AD Seg
4/22/14

Responded
4/17/14
FILE

Appeal must be submitted to the Chief Administrative Officer, or designee, within three (3) working days of receiving the decision.

I wish to appeal for the following reasons:

My 6th AD Seg. Review, like the 1st appears to "Retain (me) on AD Seg. Status"... pending outcome of IPS investigation." → I rec'd a letter from Lt. Lidia Burnham (Head of IPS) on 4/15/14 stating that she is "NOT AWARE OF ANY PENDING INVESTIGATIONS THAT YOU INVOLVED IN." SO... FOR 45 DAYS I'M BEING HELD IN SEGREGATION PENDING AN IPS INVESTIGATION THAT... ISN'T. SO IF THERE IS NO INVESTIGATION... WHY AM I BEING HELD OR WHAT'S THE CHARGE? & (who's) making it? Request transfer to G pod close (23 hr lock-up).

Prisoner's Signature John Condon

Receiving Person's Signature


Date & Time

Name & Title (Print)

Department of Corrections

MAINE STATE PRISON

Memo

To: Prisoner John Condon (2425)
From: Deputy Warden Ross 
Date: April 17, 2014
Re: Appeal of Special Management Status

I am in receipt of your appeal of Special Management Status. After review of your appeal I concur with your Unit Team's recommendation for you to be on administrative segregation status.

Cc: Unit File

**MAE DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES**

Members: U.M. Allen
Sgt Burns

Date: 4-23-14

Place: SMU

Prisoner: Condon, J. MDOC: 2425

I. Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review Minutes and Administrative Segregation Status Placement form) and any additional information received since placement:

Threats towards staff member.
Investigation.

Prisoner in attendance at review? ☐ Yes ☒ No If not, reason: not needed.

II. Prisoner's Statement

☐ Attachment(s) (specify): _____

III. Unit Management Team's Decision and its Reason(s)

- ☐ Remove from administrative segregation status
☒ Retain on administrative segregation status

Reason(s): Possible Admin. Controls Placement

☐ Individualized Plan attached

IV. ☒ Prisoner informed of decision and its basis and received a copy of this review form on

4/29/14 at P.M.
Date Time

V. Prisoner informed of his/her right to appeal: ☐ Waived right ☐ Did not waive right

Signature of Prisoner _____ Date _____

If prisoner does not waive his/her right to appeal, note receipt by prisoner of this form and of appeal form.

Signature of Staff _____ Date _____

VI. Chief Administrative Officer's or Designee's Review

- ☐ Remove from administrative segregation status
☒ Retain on administrative segregation status

Signature DW

Date 4-24-14

ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES

DOC FORM

Distribution: Copies to: Prisoner, Classification, Caseworker, Prisoner's file
Original to: Unit Manager

A - 15.1 - C - E - 8/19/11R

PRISONER GRIEVANCE FORM
Policies 29.1 and 29.2

MAINE DEPARTMENT OF CORRECTIONS

**TO BE COMPLETED BY
GRIEVANCE REVIEW OFFICER:**

DATE RECEIVED 4-28-14

LOG NUMBER

<u>John Condon</u>	<u>2425</u>	<u>SMU-B-209</u>
Name	MDOC Number	Housing Unit

A grievance must be filed with the Grievance Review Officer within fifteen (15) days of the matter being grieved. If you are filing after the expiration of the fifteen (15) day limit because it was not possible for you to have filed a grievance within the fifteen (15) day limit, explain what prevented filing within the time limit in the space below.

Explanation:

USE ONLY THE SPACE BELOW

Concisely state the specific nature of your complaint, including all persons and dates involved, and state the specific remedy requested. You must include information showing when the fifteen (15) day time limit began:

FOR 48 DAYS I HAVE BEEN HELD IN SMU. ALL 6 AD-SEQ. REVIEWS HAVE STATED I AM BEING HELD ON AD-SEQ STATUS PENDING THE RESULTS OF AN I.P.S. INVESTIGATION. I HAVE IN MY POSSESSION A LETTER FROM LT. LINDA BURHAM, RECD BY ME (I WITNESSED BY AN OFFICER IN WRITING I RECD ON SAME DATE) ON 4/15/14 WHERE SHE STATED THAT SHE IS "NOT AWARE OF ANY PENDING INVESTIGATIONS THAT YOU ARE INVOLVED IN." LT. BURHAM IS HEAD OF I.P.S. SO I AM ASKING #1) THE ERRONEOUS REASON GIVEN FOR RETAINING ME #2) WHAT AM I BEING RETAINED FOR? #3) WHO IS DOING THE INVESTIGATION? #4) AN OPPORTUNITY TO FACE MY ACCUSERS AND A CHANCE TO REBUT THE EVIDENCE AND PREPARE A DEFENSE. I Can i.e. I'M ENTITLED TO "DUE PROC"

Before filing a grievance with the Grievance Review Officer, you must have made an attempt at an informal resolution, by submitting this form to a supervisor designated by the facility Chief Administrative Officer within five (5) days of the matter being grieved.

MICHAEL BURNS
Print Name of Supervisor
(or HSA, if applicable)

Michael Burns
Signature of Supervisor
(or HSA, if applicable)

04/17/2014
Date of Receipt of Form

☐ Complaint Resolved. Describe resolution, including implementation date: _____

Signature of Staff Resolving Complaint

Signature of Prisoner Agreeing to Resolution

☒ Complaint Not Resolved. Describe actions taken in attempt to resolve:

UNABLE TO RESOLVE AT THIS LEVEL. THIS NEEDS TO GO TO THE NEXT LEVEL.

Michael Burns
Signature of Staff Attempting Resolution

04/17/2014
Date Form Returned to Prisoner

Original to Grievance Officer
Prisoner to keep copy

**MAINE DEPARTMENT OF CORRECTIONS
NOTIFICATION OF DISMISSAL AND/OR RETURN**

TO: John Condon	MDOC #: 2425	DATE RECEIVED: 04/28/14
FROM: W. Atkinson, GRIEVANCE REVIEW OFFICER		

DISMISSAL

- ☒ Your complaint has been dismissed due to the following:
- ☒ This matter is not grievable because:
- ☒ A separate appeal procedure exists.
 - ☐ It does not directly affect you.
 - ☐ A Departmental employee or contractor is not responsible.
 - ☐ This is a complaint about a decision of the Grievance Review Officer.
- ☐ Your complaint is a duplicate of an earlier grievance.
- ☐ You did not attempt an informal resolution, as required by the Grievance Policy.
- ☐ Your grievance form was filed after the fifteen (15) day time limit had expired and it was possible for you to have filed within the time limit.
- ☐ Your grievance appeal form was filed after the fifteen (15) day time limit had expired and it was possible for you to have filed within the time limit.
- ☐ There has been an obvious abuse of the grievance process by you in that:

Ad Seg placement / retention is a classification procedure / decision which has its own appeal process.

YOU MAY NOT APPEAL A DISMISSAL



Signature of Grievance Review Officer

4/30/14

Date

RETURN

- ☐ Your grievance form is being returned for you to provide sufficient information to show when the fifteen (15) day time limit began. You must supply this information and return this grievance form for processing within the original fifteen (15) day time limit.

Signature of Grievance Review Officer

Date

PRISONER GRIEVANCE FORM
Policies 29.1 and 29.2

MAINE DEPARTMENT OF CORRECTIONS

TO BE COMPLETED BY
GRIEVANCE REVIEW OFFICER:

DATE RECEIVED 4-28-14

LOG NUMBER _____

<u>JOHN CONDON</u>	<u>2425</u>	<u>SMU-B-209</u>
Name	MDOC Number	Housing Unit

A grievance must be filed with the Grievance Review Officer within fifteen (15) days of the matter being grieved. If you are filing after the expiration of the fifteen (15) day limit because it was not possible for you to have filed a grievance within the fifteen (15) day limit, explain what prevented filing within the time limit in the space below.

Explanation:

LAST AD. SEG. REVIEW 4/17/14. THIS IS A CONTINUOUS VIOLATION OF DUE PROCESS EA. AD. SEG. BOARD.

USE ONLY THE SPACE BELOW

Concisely state the specific nature of your complaint, including all persons and dates involved, and state the specific remedy requested. You must include information showing when the fifteen (15) day time limit began:

I HAVE BEEN ON AD. SEG. STATUS FOR 53 DAYS. ALL SIX of MY AD. SEG. REVIEW BOARD'S DECISIONS AND WHETHER TO RELEASE ME OR RETAIN ME ON AD. SEG. STATUS IS "REVIEWED" BY THE "C.A.O. OR DESIGNEE," WHO HAVE THE ULTIMATE AUTHORITY TO RELEASE ME OR RETAIN ME, REGARDLESS OF THE RECOMMENDATION OF THE AD. SEG. REVIEW BOARD'S DECISION... (WHICH HE DID ON MY 3RD AD. SEG. REVIEW OVER RULING THE BOARD'S DECISION). THEREFORE THE "C.A.O. OR DESIGNEE" IS THE ULTIMATE DECISION MAKER ON MY STATUS, WHICH IS UNAPPEALABLE. I GRIEVE THAT DUE PROCESS GUARANTEES ME THE RIGHT TO BE HEARD BY THE PERSON WHO ACTUALLY MAKES THE DECISION. I HAVE YET BEEN UNABLE TO DO THAT. "IF ONE REVIEWER RECOMMENDS AGAINST PLACEMENT, A LATE REVIEWER COULD NOT OVERTURN THAT RECOMMENDATION" WILKINSON V. AUSTIN, 545 U.S. 209, 226 (2005). I WANT A CHANCE TO BE HEARD BY C.A.O. OR DESIGNEE.

Before filing a grievance with the Grievance Review Officer, you must have made an attempt at an informal resolution, by submitting this form to a supervisor designated by the facility Chief Administrative Officer within five (5) days of the matter being grieved.

Sgt. Michael Burns Michael Burns 4-24-2014
Print Name of Supervisor Signature of Supervisor Date of Receipt of Form
(or HSA, if applicable) (or HSA, if applicable)

☐ Complaint Resolved. Describe resolution, including implementation date: _____

Signature of Staff Resolving Complaint

Signature of Prisoner Agreeing to Resolution

☒ Complaint Not Resolved. Describe actions taken in attempt to resolve:

CAN NOT RESOLVE AT MY LEVEL. POSSIBLY THE GRIEVANCE OFFICER COULD RESOLVE THIS.

Sgt. Michael Burns
Signature of Staff Attempting Resolution

4-26-2014
Date Form Returned to Prisoner

Original to Grievance Officer
Prisoner to keep copy

4/30/14

MAINE DEPARTMENT OF CORRECTIONS NOTIFICATION OF DISMISSAL AND/OR RETURN


TO: John Condon	MDOC #: 2425	DATE RECEIVED: 04/28/14
FROM: W. Atkinson, GRIEVANCE REVIEW OFFICER		

DISMISSAL

- ☒ Your complaint has been dismissed due to the following:
- ☒ This matter is not grievable because:
- ☒ A separate appeal procedure exists.
 - ☐ It does not directly affect you.
 - ☐ A Departmental employee or contractor is not responsible.
 - ☐ This is a complaint about a decision of the Grievance Review Officer.
- ☐ Your complaint is a duplicate of an earlier grievance.
- ☐ You did not attempt an informal resolution, as required by the Grievance Policy.
- ☐ Your grievance form was filed after the fifteen (15) day time limit had expired and it was possible for you to have filed within the time limit.
- ☐ Your grievance appeal form was filed after the fifteen (15) day time limit had expired and it was possible for you to have filed within the time limit.
- ☐ There has been an obvious abuse of the grievance process by you in that:

Ad Seg placement / retention is a classification procedure / decision which has its own appeal process.

YOU MAY NOT APPEAL A DISMISSAL



Signature of Grievance Review Officer

4/30/14

Date

RETURN

- ☐ Your grievance form is being returned for you to provide sufficient information to show when the fifteen (15) day time limit began. You must supply this information and return this grievance form for processing within the original fifteen (15) day time limit.

Signature of Grievance Review Officer

Date

**MAINE DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES**

Members:

Sgt. M Burns

Date:

5-2-14

Place:

SMU

Prisoner:

Condon, J

MDOC:

2425

I. Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review Minutes and Administrative Segregation Status Placement form) and any additional information received since placement:

Threats towards a staff memberPrisoner in attendance at review? ☐ Yes ☐ No If not, reason: _____**II. Prisoner's Statement**☐ Attachment(s) (specify): _____**III. Unit Management Team's Decision and its Reason(s)**☐ Remove from administrative segregation status☒ Retain on administrative segregation status

Reason(s):

Threat may still exist☐ Individualized Plan attached**IV. ☒ Prisoner informed of decision and its basis and received a copy of this review form on**5/2/14at Pm

Date

Time

V. Prisoner informed of his/her right to appeal: ☐ Waived right ☒ Did not waive right

Signature of Prisoner

[Signature]

Date

5/2/14

If prisoner does not waive his/her right to appeal, note receipt by prisoner of this form and of appeal form.

Signature of Staff

Sgt. M Burns

Date

5-2-14**VI. Chief Administrative Officer's or Designee's Review**☐ Remove from administrative segregation status☐ Retain on administrative segregation status

Signature _____

Date _____

ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES

DOC FORM

A-15.1-C-E-8/19/11R

Distribution: Copies to: Prisoner, Classification, Caseworker, Prisoner's file
Original to: Unit Manager

**MAINE DEPARTMENT OF CORRECTIONS
PRISONER APPEAL OF SPECIAL MANAGEMENT STATUS**

Date 5/3/14 Prisoner Name J. Condon MDOC # 2425

TO: Chief Administrative Officer, or designee

On 5/2/14, the following review took place.

SPECIAL MANAGEMENT STATUS

- ☒ Review of Administrative Segregation status
- ☐ Review of Protective Custody status

8th REVIEW

Appeal must be submitted to the Chief Administrative Officer, or designee, within three (3) working days of receiving the decision.

I wish to appeal for the following reasons:

W/ALL DUE RESPECT, THE AD SEG. BOARD HAS NOT ACTUALLY CONSIDERED RELEASING ME. IT IS A "HOLLOW FINALITY." YOU OR THE CAO ARE THE ULTIMATE DECISION MAKER ON MY STATUS. I HAVE, AS AN AMERICAN CITIZEN, THE 5TH & 14TH CONSTIT. RIGHT, THE DUE PROCESS RIGHT, TO "HEAR & BE HEARD" BY THE ULTIMATE DECISION MAKER ON MY "LIBERTY" INTEREST TO STAY OUT OF SEG AND RE-GAIN THE FREEDOM (LIBERTY) THAT WAS TAKEN AWAY FROM ME BY MY REMOVAL FROM "POPULATION" IN MSEP. 60 DAYS AGO. THEY'VE BEEN AFFORDED THAT RIGHT. REQUEST TRANSFER TO A, C, E OR F POD, POPULATION CLOSE -

Prisoner's Signature *[Signature]* 5/3/14

Receiving Person's Signature


Date & Time

Name & Title (Print)

Department of Corrections

MAINE STATE PRISON

Memo

To: Prisoner John Condon (2425)
From: Deputy Warden Ross 
Date: May 2, 2014
Re: Appeal of Special Management Status


I am in receipt of your appeals of Special Management Status. After review of both appeals I concur with your Unit Team's recommendation for you to be on administrative segregation status.

Cc: Unit File

Department of Corrections

MAINE STATE PRISON

Memo

To: Prisoner John Condon (2425)
From: Deputy Warden Ross 
Date: May 12, 2014
Re: Appeal of Special Management Status

I am in receipt of your appeals of Special Management Status. After review of your appeal I concur with your Unit Team's recommendation for you to be on administrative segregation status.

Cc: Unit File



MAINE STATE PRISON
NOTICE OF ADMINISTRATIVE CONTROL STATUS UNIT
REFERRAL REVIEW

Prisoner: CONDON, J. #2425 CLOSE
Name MDOC # Unit

Your review is scheduled for _____

Information considered:

Prisoner Condon, J. #2425 has been sentenced to life in prison for 3 counts of Murder.

On 3-5-14 Prisoner Condon, J. #2425 was placed on Administrative Segregation in the Special Management Unit of the Maine State Prison for making serious threats towards the safety of staff. Confidential information was received by staff that prisoner CONDON made statements and was planning to assault the unit manager of the Maine State Prison's Close Custody Unit. This assault was supposed to cause serious bodily injury or death to the staff member. This incident is currently being investigated by the Maine State Prison's Inner Perimeter Security Team.

DISCIPLINARY INFRACTIONS:

11/15/13 Prisoner Condon, J. was found guilty of a Class B theft violation, prisoner received 20 days of disciplinary restriction for this offense.

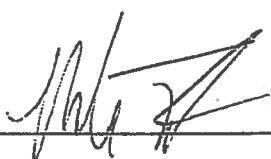
SUMMARY:

Prisoner Condon, J #2425 was placed on Administrative Segregation because staff received confidential information that he was going to assault the close custody unit manager. This assault was going to cause serious bodily injury or death to the staff member. Prisoner CONDON has a very minimal incident history and disciplinary history. He was sentence to life in prison for 3 count of murder.


INTERNAL INVESTIGATIONS:

6/6/14

A₄
REC'D 6/6/14
JOHN CONNOR

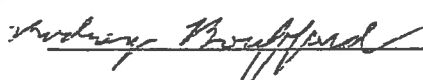
 Approved/Disapproved Date: 5-21-2014

Deputy Warden of Programs

 Approved/Disapproved Date: 5-21-14

Deputy Warden of Operations

TRAY ROSS

 Approved/Disapproved Date: 5/21/14

Maine State Prison Warden

RODNEY BOUFFARD

Distribution: Original-Prisoner

Copies: Associate Commissioner, Maine State Prisoner Warden, Deputy Warden of Operations, Deputy Warden of Programs Services, SMU CCTW, Health Services Director, Director of Mental Health, File.

(copy)

PAGE ONE

Rec'd
6/6/14
John
Condon

MAINE DEPARTMENT OF CORRECTIONS PRISONER APPEAL OF ADMINISTRATIVE CONTROL PLACEMENT

X 6/6/14 JOHN CONDON 2425
Date Prisoner Name MDOC #

TO: Commissioner, or designee:

On 6/6/14, the following review took place. The Team recommends:

- ☒ Placement on Administrative Control
☐ Retain Administrative Control
☐ Release from Administrative Control

Appeal must be submitted to Commissioner, or designee, within fifteen (15) working days of receiving the decision. Upon receipt of this appeal, the Commissioner will have thirty (30) days to respond.

I WAS PLACED ON A.C.C.

I wish to appeal for the following reasons: IT IS A VIOLATION OF MY CONST. RT. TO

DUE PROCESS. THE D.P. CLAUSES OF THE U.S. (CONST. AMEND. XIV) AND MAINE (ART. I, SECS. 6 & 6-A) CONSTS. PROHIBIT GOVT'S, INCLUDING PRISON OFFICIALS, FROM
PRIVILEGING ME OF THE FREEDOM & LIBERTY INTERESTS I WAS ENJOYING IN THE
GENERAL POPULATION OF MAINE PRISON WITHOUT DUE PROCESS OF LAW. THE
BASIC REQUIREMENT OF D.P. LAW IS THE RT. TO NOTICE & AN OPPORTUNITY
TO BE HEARD AT A MEANINGFUL TIME AND IN A MEANINGFUL MANNER. I
NOT BEEN AFFORDED THAT RT. TO FORCEIBLY PLACE ME INSIDE AN ENVIRONMENT
(GO TO P. TWO)

Prisoner's Signature

Receiving Person's Signature

Date & Time

Name & Title (Print)

Attachment (A)

* APPEAL PAGE TWO *

A₂

AS SEVERE AND ISOLATED AS A "CONTROL UNIT" INSIDE A SUPERMAX PRISON WITHOUT AFFORDING ME THE BASIC AMERICAN RIGHT TO PRESENT MY VIEWS DIRECTLY TO "THE TEAM" (?) OR THE PERSON(S) WHO MAKE THIS CIVIL LIBERTY INTEREST DECISION IS A FLAGRANT VIOLATION OF MY DUE PROCESS RIGHTS AS A NAME AND AN AMERICAN CITIZEN.

FURTHERMORE, I HAVE NOT BEEN CONVICTED OF ANY DISCIPLINARY OFFENSE AND HAVE BEEN HELD IN SEGREGATION AGAINST MY WILL FOR 100 DAYS SINCE MARCH 5TH 2014, ON NEBULOUS ALLEGATIONS BY THIRD PARTY CONFIDENTIAL INMATE INFORMANTS. THESE SAME NEBULOUS AND ONE-SIDED ALLEGATIONS ARE ALSO THE PURPORTED "REASONS" FOR PLACING ME IN THIS ADMINISTRATIVE CONTROL UNIT (ACU).

ALL THESE ACTIONS CULMINATING, OR PERHAPS BETTER SAID, MORPHING INTO A "VERBAL" PLACEMENT IN ACU BY A TEAM THAT NEITHER COMMITTED THEMSELVES TO EITHER APPROVING OR DISAPPROVING SUCH PLACEMENT (SEE ENCL 2), BUT SENDING THEIR AGENT, CAPTAIN HAWLETTE, TO WITHHOLD OUT THE DETAILS TO CONFUSED INMATES, IMPOSES ATYPICAL AND SIGNIFICANT HANDSHIPS ON ME IN RELATION TO THE ORDINARY INCIDENTS OF PRISON LIFE IN GENERAL POPULATION AT MAINE ST. PRISON (MSP).

Therefore, Having 15 DAYS in which to ACTUALIZE THIS APPEAL, I APPEAL THIS ACU PLACEMENT ON THIS 11TH DAY OF JUNE, 2014.

cc:

Prisoner Signature:

JOHN CONDON #2425

MAINE DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES

Members: Wm Howlett
Sgt. Leonard

Date: 6-24-14

Place: SMU

Prisoner: CONDON IS

MDOC: 2425

I. Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review Minutes and Administrative Segregation Status Placement form) and any additional information received since placement:

Review

Prisoner in attendance at review? ☒ Yes ☐ No If not, reason: _____

II. Prisoner's Statement

Being Threatened Unfairly, Bring Charges or Let him go
to G.P.

☐ Attachment(s) (specify): _____

III. Unit Management Team's Decision and its Reason(s)

- ☐ Remove from administrative segregation status
☒ Retain on administrative segregation status

Reason(s):

Pending Review To Admin Control Placement.

☐ Individualized Plan attached

IV. ☐ Prisoner informed of decision and its basis and received a copy of this review form on

Date

Time

V. Prisoner informed of his/her right to appeal: ☐ Waived right ☒ Did not waive right

Signature of Prisoner

Date

If prisoner does not waive his/her right to appeal, note receipt by prisoner of this form and of appeal form.

Signature of Staff

Date

VI. Chief Administrative Officer's or Designee's Review

- ☐ Remove from administrative segregation status
☒ Retain on administrative segregation status

Signature

Date

ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES

DOC FORM

A-15-1-C-E-8/19/11R

Distribution: Copies to: Prisoner, Classification, Caseworker, Prisoner's file
Original to: Unit Manager

**MAINE DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES**

Members: CPT Hawlett
SGT Leonard
CCTW Duperre

Date: 7/30/14
Place: SMU

Prisoner: Condon, J. MDOC: 2425

- I. Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review Minutes and Administrative Segregation Status Placement form) and any additional information received since placement:

30
day
10th

Review of Ad-seg Status

Prisoner in attendance at review? ☒ Yes ☐ No If not, reason: _____

II. Prisoner's Statement

Still pleading not guilty to threatening charge and wishes it would be adjudicated

☐ Attachment(s) (specify): _____

III. Unit Management Team's Decision and its Reason(s)

- ☐ Remove from administrative segregation status
☒ Retain on administrative segregation status

Reason(s): Pending review to Admin Control Placement

☐ Individualized Plan attached

- IV. ☒ Prisoner informed of decision and its basis and received a copy of this review form on 7-30-14 at 1520
Date Time

- V. Prisoner informed of his/her right to appeal ☐ Waived right ☒ Did not waive right

Signature of Prisoner X [Signature] Date 7-30-14

If prisoner does not waive his/her right to appeal, note receipt by prisoner of this form and of appeal form.

Signature of Staff Capt. Hawlett Date 7-30-14

VI. Chief Administrative Officer's or Designee's Review

- ☐ Remove from administrative segregation status
☐ Retain on administrative segregation status

Signature _____ Date _____

ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES

DOC FORM

A - 15.1 - C - E - 8/19/11R

Distribution: Copies to: Prisoner, Classification, Caseworker, Prisoner's file
Original to: Unit Manager

MAINE DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES

Members: Sgt. Burns
D. BARTER
F. BURNS

Date: 8/29/2014

Place: SMU

Prisoner: Condon, J MDOC: 2425

- I. Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review Minutes and Administrative Segregation Status Placement form) and any additional information received since placement:

Review.

Prisoner in attendance at review? ☒ Yes ☐ No If not, reason: _____

- II. Prisoner's Statement

I AM STILL UNDER INVESTIGATION FOR ALLEGED THREATS TO STAFF
THE ADMINISTRATION HAS FOUND ME GUILTY, WITHOUT ANY DISCIPLINARY PROCEEDING.

☐ Attachment(s) (specify): _____

- III. Unit Management Team's Decision and its Reason(s)

- ☐ Remove from administrative segregation status
☒ Retain on administrative segregation status

Reason(s): ADSEG PENDING ACU POLICY

☒ Individualized Plan attached NA

- IV. ☐ Prisoner informed of decision and its basis and received a copy of this review form on 8/29/14 at PM

- V. Prisoner informed of his/her right to appeal: ☐ Waived right ☒ Did not waive right

Signature of Prisoner [Signature] Date 8/29/14

If prisoner does not waive his/her right to appeal, note receipt by prisoner of this form and of appeal form.

Signature of Staff Michael Burns Date 8.29.2014

- VI. Chief Administrative Officer's or Designee's Review

- ☐ Remove from administrative segregation status
☐ Retain on administrative segregation status

Signature _____ Date _____

ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES

DOC FORM

A - 15.1 - C - E - 8/19/11R

Distribution: Copies to: Prisoner, Classification, Caseworker, Prisoner's file
Original to: Unit Manager

MAINE DEPARTMENT OF CORRECTIONS
PRISONER APPEAL OF SPECIAL MANAGEMENT STATUS

8/29/14 JOHN CONSON 2425
Date Prisoner Name MDOC #

TO: Chief Administrative Officer, or designee

On AUG. 29, 2014, the following review took place.

SPECIAL MANAGEMENT STATUS

☒ Review of Administrative Segregation status

☐ Review of Protective Custody status

Appeal must be submitted to the Chief Administrative Officer, or designee, within three (3) working days of receiving the decision.

I wish to appeal for the following reasons: whether I am on AD SEG. STATUS

OR ADMIN. CONTROL UNIT IS A POINT OF CONTENTION. HOWEVER, THE ADMINISTRATION HAS, OVER TIME, TAKEN THE POSITION THAT "I HAVE THREATENED STAFF." BLANK STATEMENT. I REMIND ALL OF YOU THAT I WAS BROUGHT INTO SINCE 6 MONTHS AGO FOR "ALLEGATIONS" I THREAT. STAFF AND "REASONS" TO HOLD ME HERE (WAS) "PENDING INVESTIGATION" OF ALLEGATIONS. I HAVE NOT BEEN BROUGHT BEFORE ANY DISCIPLINARY BOARDS. THEREFORE I AM EITHER STILL "UNDER INVESTIGATION" OR JUST PLAIN INNOCENT UNTIL PROVEN GUILTY.

Prisoner's Signature JOHN CONSON

Receiving Person's Signature


Date & Time

Name & Title (Print)

Department of Corrections

MAINE STATE PRISON

Memo

To: Prisoner John Condon (2425)
From: Deputy Warden Ross 
Date: August 29, 2014
Re: Appeal of Special Management Status

I am in receipt of your appeal of Special Management Status. After review of your appeal I concur with your Unit Team's recommendation for you to be on administrative segregation status.

Cc: Unit File

APPENDIX G

COMMISSIONER'S SIX MONTHLY REVIEW OF ADMINISTRATIVE SEGREGATION STATUS

TO: Commissioner, Department of Corrections

FROM: Deputy Warden Troy Ross
Warden, Superintendent, or Designee ☒ MSP ☐ MCCRE: Prisoner Condon J MDOC # 2425

The above named prisoner has been on administrative segregation status for the past six (6) months. Approval is requested to retain the prisoner on Administrative Segregation Status because:

☐ The prisoner's behavior may constitute an escape risk if in a less restrictive status, specifically, _____

☒ The prisoner's behavior may pose a threat to the safety of others if in a less restrictive status, specifically, Investigation by IPS for possible threats towards staff.

☐ The prisoner's behavior may pose a threat to his/her own safety, if in a less restrictive status, specifically, _____

☐ There may be a threat to the safety of the prisoner, if in a less restrictive status, specifically, _____

DECISION: ☒ APPROVED ☐ DENIED REASON: _____

[Signature]
Signature, Commissioner

DATE AND TIME DECISION RECEIVED AT FACILITY: 7-8-17 12:00hDECISION RECEIVED AT FACILITY BY: [Signature]
Printed Name / Signature

MAINE DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES

Members: Capt. HowlettDate: 9-29-14Sgt. LeonardPlace: SMUOff. Howlett HardingPrisoner: Condon, JMDOC: 2425

- I. Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review Minutes and Administrative Segregation Status Placement form) and any additional information received since placement:

Review - Pending results of Investigation
of threats toward staff.

Prisoner in attendance at review? ☒ Yes ☐ No If not, reason: _____

II. Prisoner's Statement

I would like to know results of investigation.
It has been over 6 months.

☐ Attachment(s) (specify): _____

III. Unit Management Team's Decision and its Reason(s)

☐ Remove from administrative segregation status

☒ Retain on administrative segregation status

Reason(s):

Pend I have Results of Investigation

☒ Individualized Plan attached

- IV. ☐ Prisoner informed of decision and its basis and received a copy of this review form on

9-29-14 at 1430

Date

Time

- V. Prisoner informed of his/her right to appeal: ☐ Waived right ☒ Did not waive right

Signature of Prisoner John Condon Date 9-29-14

If prisoner does not waive his/her right to appeal, note receipt by prisoner of this form and of appeal form.

Signature of Staff Capt. Howlett Date 9-29-14

VI. Chief Administrative Officer's or Designee's Review

☐ Remove from administrative segregation status

☐ Retain on administrative segregation status

Signature _____ Date _____

ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES

DOC FORM

Distribution: Copies to: Prisoner, Classification, Caseworker, Prisoner's file

Original to: Unit Manager

A - 15.1 - C - E - 8/19/11R

(e)

**MAINE DEPARTMENT OF CORRECTIONS
PRISONER APPEAL OF SPECIAL MANAGEMENT STATUS**

Oct 1, 2014 JOHN CONNOR 2425
Date Prisoner Name MDOC #

TO: Chief Administrative Officer, or designee

On Sept 23rd, the following review took place.

SPECIAL MANAGEMENT STATUS

- ☒ Review of Administrative Segregation status
☐ Review of Protective Custody status

Appeal must be submitted to the Chief Administrative Officer, or designee, within three (3) working days of receiving the decision.

I wish to appeal for the following reasons: I've been held in AD segregation

pending investigation into allegations that I threatened a staff
member, an allegation, which if proven true, carries a max
segregation time of 20 days. I've been held in administrative
segregation for 213 days and this has imposed ^{an} atypical &
significant hardship on me at 66 yrs. of age. The process
demands that you bring formal charges against me or
release me.

[Signature]
Prisoner's Signature

Receiving Person's Signature


Date & Time

Name & Title (Print)

Department of Corrections

MAINE STATE PRISON

Memo

To: Prisoner John Condon (2425)
From: Deputy Warden Ross 
Date: October 3, 2014
Re: Appeal of Special Management Status

I am in receipt of your appeal of Special Management Status. After review of your appeal I concur with your Unit Team's recommendation for you to be on administrative segregation status.

Cc: Unit File



STATE OF MAINE
DEPARTMENT OF CORRECTIONS
111 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0111

Appendix J

PAUL R. LEPAGE
GOVERNOR

DR. JOSEPH FITZPATRICK
COMMISSIONER

September 30, 2014

Mr. John Condon #2425
Maine State Prison
807 Cushing Road
Warren, ME 04864

Dear Mr. Condon:

I am in receipt of your letter dated September 20, 2014.

Policy 15.1 Administrative Segregation status does say Commissioner or Designee. I was designated by Commissioner Ponte and Commissioner Fitzpatrick.

I signed your six month review in the Warden's office after a discussion about whether or not he (the Warden) still believes you are a serious threat. I take the Warden's opinion very seriously and did sign to continue your ad-seg status.

Respectfully,

Jody L. Breton

Jody L. Breton, Deputy Commissioner

c/ Rod Bouffard, Warden
Diane Sleek, AAG

PRISONER GRIEVANCE FORM
Policies 29.1 and 29.2

MAINE DEPARTMENT OF CORRECTIONS

TO BE COMPLETED BY
GRIEVANCE REVIEW OFFICER:

DATE RECEIVED 10-8-14

LOG NUMBER _____

<u>JOHN CONNOR</u>	<u>2425</u>	<u>SMU</u>
Name	MDOC Number	Housing Unit

A grievance must be filed with the Grievance Review Officer within fifteen (15) days of the matter being grieved. If you are filing after the expiration of the fifteen (15) day limit because it was not possible for you to have filed a grievance within the fifteen (15) day limit, explain what prevented filing within the time limit in the space below.

Explanation:

USE ONLY THE SPACE BELOW

Concisely state the specific nature of your complaint, including all persons and dates involved, and state the specific remedy requested. You must include information showing when the fifteen (15) day time limit began:

ACCORDING TO MDOC POLICY NO. 15.1 (AD. SEC. STATUTE) PROCEDURE E-7 (P. 12) - "THE CHIEF ADMINISTRATIVE OFFICER OF DESIGNEE SHALL VISIT THE LIVING AREA WHERE THE AD. SEC. PRISONERS ARE HOUSED AT LEAST WEEKLY" -> ALTHO I HAVE SEEN D. WARDEN JAWORSKI MAKE VISITS HERE, NOT ONCE, NOT ONE TIME HAS THE WARDEN (THE CAO) COME TO VISIT MY LIVING AREA IN THE 219 LONG DAYS THAT I HAVE BEEN HELD IN SOLITARY CONFINEMENT HERE. I CHARGE THAT IS A DERELICTION OF ONE OF HIS MOST IMPORTANT DUTIES.

Signature of Prisoner

Date

10/7/14

Before filing a grievance with the Grievance Review Officer, you must have made an attempt at an informal resolution, by submitting this form to a supervisor designated by the facility Chief Administrative Officer within five (5) days of the matter being grieved.

<u>John E. Howlett</u>	<u>John E. Howlett</u>	<u>10-7-14</u>
Print Name of Supervisor (or HSA, if applicable)	Signature of Supervisor (or HSA, if applicable)	Date of Receipt of Form

☐ Complaint Resolved. Describe resolution, including implementation date: _____

Signature of Staff Resolving Complaint

Signature of Prisoner Agreeing to Resolution

☒ Complaint Not Resolved. Describe actions taken in attempt to resolve: _____

Signature of Staff Attempting Resolution

Date Form Returned to Prisoner

Original to Grievance Officer
Prisoner to keep copy

**MAINE DEPARTMENT OF CORRECTIONS
NOTIFICATION OF DISMISSAL AND/OR RETURN**

TO: John Condon	MDOC #: 2425	DATE RECEIVED: 10/08/14
FROM: W. Atkinson, GRIEVANCE REVIEW OFFICER		

DISMISSAL

- ☒ Your complaint has been dismissed due to the following:
- ☐ This matter is not grievable because:
- ☐ A separate appeal procedure exists.
 - ☐ It does not directly affect you.
 - ☐ A Departmental employee or contractor is not responsible.
 - ☐ This is a complaint about a decision of the Grievance Review Officer.
- ☐ Your complaint is a duplicate of an earlier grievance.
- ☐ You did not attempt an informal resolution, as required by the Grievance Policy.
- ☐ Your grievance form was filed after the fifteen (15) day time limit had expired and it was possible for you to have filed within the time limit.
- ☐ Your grievance appeal form was filed after the fifteen (15) day time limit had expired and it was possible for you to have filed within the time limit.
- ☒ There has been an obvious abuse of the grievance process by you in that:

It is not your place to hold the Warden to policy as it relates to his duties.

YOU MAY NOT APPEAL A DISMISSAL



Signature of Grievance Review Officer

10/15/14

Date

RETURN

- ☐ Your grievance form is being returned for you to provide sufficient information to show when the fifteen (15) day time limit began. You must supply this information and return this grievance form for processing within the original fifteen (15) day time limit.

Signature of Grievance Review Officer

Date